

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED NOV 18 1948

Registration District No. 7

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

35515

Primary Registration District No. 4019-5033

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural - Loutre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Rural (own home) 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT

FULL NAME John Baker Hinten

3. (b) If veteran,

name war _____

3. (c) Social Security No. _____

4. Sex MO 5. Color or
race W

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife Jessie Hinten

6. (c) Age of husband or wife if
alive 65 years

7. Birth date of deceased February 3 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 6 hr. min.

9. Birthplace Binton County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Ruben Hinten

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Hinten

(b) Address Martinsburg, Missouri

17. (a) Burial (b) Date thereof Nov. 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton City, Mo.

18. (a) Signature of funeral director Paul E. Prater

(b) Address Mexico Mo

19. (a) Nov. 15-48 (b) Mrs. Joe Carter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Rural Loutre
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 48 hour 1 minute 1 M.

21. I hereby certify that I attended the deceased from 3-18-48
to 11-9- 1948
that I last saw him alive on 11-5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 1 year

Due to _____

Due to _____

Other conditions 46B
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. J. Richard (M. D. or other) _____

Address Willsville Date signed 11/11/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 11-48-1975

Date Filed NOV 17 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Ralph L. Hueston Jr......, Registered Apprentice No. 234
working under my personal supervision.

Signed.....

Paul S. Puro

Licensed Embalmer No. 3189

P. O. Address Mexico, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.